

Date: 10/31/14

Iowa Department of Human Services

Terry E. Branstad Governor

Kim Reynolds Lt. Governor

Charles M. Palmer Director

Lynsi Baker 1716 E Walnut St

Des Momes, IA 50316	
Dear Lynsi,	
This letter is in regards to the 10/29/14 compliance check of your Category B, Registered Chil Development Home. Iowa Code Chapter 237A and 441 Iowa Administrative Code, Chapter 1 describes specific requirements that must be met by a Registered Child Development Home. following areas were out of compliance at the time of my visit:	10,
☐110.5(1)c First-Aid supplies are available and easily accessible in the home, outdoor plany vehicle used to transport children, and on field trips. (You need to obtain a portable fir kit, or find the one you had.)	•
110.5(1)c The first-aid kit is sufficient to address first aid related to minor injury or transtored in an area not accessible to children.	uma and
☐110.5(1)n Has a minimum of one single-station, battery-operated, UL-approved smoke in each child-occupied room and at the top of every stairway. (You need to re-install a batt operated smoke detector in your living room and need to repair or replace the one in your hallway.)	tery
110.5(2) A provider file is maintained and contains:	
☐110.5(2)a A physician's signed statement of health and immunization status on the provall members of the household who may be present when children are in the home. Statement obtained at the time of initial registration and updated every two years. (You need to obtained of physician signed statements of health for yourself and all household members to on file.)	ents must otain
☐110.5(2)d An individual file is maintained for each substitute and contains: (You need to establish a file for your substitute Artisha and update it with a copy of her physician signed statement of health and a copy of her current mandatory reporter training.)	
110.5(2)d A physician's signed statement of health of at the time of employment and at every two years thereafter.	least
110.5(2)d Certification of two hours of approved training relating to identification and a of child abuse within 6 months of employment and repeated every 5 years.	reporting

110.5(8) Children's Files	
` ` `	d preschoolers: A statement of health signed by a physician submitted ate several of your children's files with current physician signed
110.5(10) Substitutes	
provided, including the dat	maintains a written record of the number of hours substitute care is e and the name of the substitute. (You need to establish a monthly log to hours for Artisha each month.)
cancellation or revocation of y steps are necessary to comple	ne mandated regulatory requirements listed above may lead to the our Child Development Home Registration. Please take whatever stely address each of the violations noted above. It is essential you violations on or before \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
necessary. However, it is esse	ompliance listed above, a re-check or follow-up visit to your home is not attal you come into complete compliance with all Departmental
corrections have been compl	check mark each of the boxes listed above when the necessary eted. By doing so, you certify that you have completed all of the ements contained within each identified section.
corrections have been complemandated regulatory required in the second second in the s	eted. By doing so, you certify that you have completed all of the
corrections have been complemandated regulatory required in the second second s	eted. By doing so, you certify that you have completed all of the ements contained within each identified section. of the steps necessary to correct each of the identified violations
corrections have been complementated regulatory required I certify that I have taken all noted above and am now in coregulatory rules. Please sign and date below, a	eted. By doing so, you certify that you have completed all of the ements contained within each identified section. of the steps necessary to correct each of the identified violations omplete compliance with all of the Departmental mandated
corrections have been complemandated regulatory required in the second second s	eted. By doing so, you certify that you have completed all of the ements contained within each identified section. of the steps necessary to correct each of the identified violations omplete compliance with all of the Departmental mandated
corrections have been complementated regulatory required I certify that I have taken all noted above and am now in corregulatory rules. Please sign and date below, a X Signature	eted. By doing so, you certify that you have completed all of the ements contained within each identified section. of the steps necessary to correct each of the identified violations omplete compliance with all of the Departmental mandated and return this form in the provided envelope by:
corrections have been complementated regulatory required I certify that I have taken all noted above and am now in corregulatory rules. Please sign and date below, a Signature Please call me if you have any	eted. By doing so, you certify that you have completed all of the ements contained within each identified section. of the steps necessary to correct each of the identified violations omplete compliance with all of the Departmental mandated and return this form in the provided envelope by: 12/14.
corrections have been complementated regulatory required I certify that I have taken all noted above and am now in coregulatory rules. Please sign and date below, a	eted. By doing so, you certify that you have completed all of the ements contained within each identified section. of the steps necessary to correct each of the identified violations omplete compliance with all of the Departmental mandated and return this form in the provided envelope by:
corrections have been complementated regulatory required I certify that I have taken all noted above and am now in corregulatory rules. Please sign and date below, a Signature Please call me if you have any	eted. By doing so, you certify that you have completed all of the ements contained within each identified section. of the steps necessary to correct each of the identified violations omplete compliance with all of the Departmental mandated and return this form in the provided envelope by:

Child Development Home Compliance Checks DHS, Story County (515) 268-7106

C. Mark Chappelle

Social Work Supervisor (515) 993-1705

Always Remember:

Child Care Resource and Referral is an excellent resource for providers to access training options and support in your area. You can reach Child Care Resource and Referral at 1-800-722-7619.

As you plan your future trainings to meet your 24 hours of training requirement, please remember that you need to use only DHS approved training and only 12 hours can be by self-study. You can access the approved training by going to http://dhs.iowa.gov/sites/default/files/CC Professional Development.pdf and you can sign up for training at https://ccmis.dhs.state.ia.us/trainingregistry/

All providers need to maintain compliance with rules set out in Iowa Administrative Code, Chapter 110, which includes: 441 IAC 110.5(1): Check with the appropriate authorities to determine how the following local, state, or federal laws apply to you: • Zoning code • Building code • Fire code • Business license • State and federal income tax • Unemployment insurance • Worker's Compensation • Minimum wage and hour requirements • OSHA • Americans with Disabilities Act (ADA).